

Advanced Diagnostic Procedure for Major Depressive Disorder

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Advanced Diagnostic Procedure

Summary: 1) First assess for a current Major Depressive Episode (MDE), the presence of which is the defining feature of Major Depressive Disorder. 2) Rule-out Bereavement, Mood Disorder due to a General Medical Condition, and Substance-Induced Mood Disorder. 3) If an MDE is present assess for a Bipolar Mood Disorder before diagnosing Major Depressive Disorder. 4) Diagnose Major Depressive Disorder only after these earlier considerations. 5) If an MDE is not present but clinically-significant depression is noted, additional diagnostic options are Dysthymic Disorder, Depressive Disorder NOS, and Adjustment Disorder. This document will not discuss all diagnostic codes and code specifiers relevant to depressive symptoms. For a full list, see Table 1, page 6.

1. First assess for a current Major Depressive Episode (MDE).

To meet criteria for MDE, the patient must present with at least five of the following nine symptoms:

1. Depressed mood
2. Anhedonia: Markedly diminished interest or pleasure in all, or almost all, activities
3. Significant increase or decrease in weight or appetite
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or inappropriate guilt
8. Impaired concentration or ability to make decisions
9. Recurrent thoughts of death, recurrent suicidal ideation, or a plan or attempt

In addition:

- At least one of the symptoms must be **depressed mood** or **anhedonia**.
- The symptoms must co-occur during **the same two-week period**.
- The symptoms must be present **nearly every day** (except for thoughts of death or suicidal ideation, which simply can be recurrent, or a suicide plan or attempt, which need not occur more than once).
- The symptoms cause **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

Note that both criteria 3 and 4 allow for either increases or decreases in behavior. It is often the case that increases in sleep and appetite will co-occur (if so, consider coding the sub-types Atypical Depression or Seasonal Affective Disorder, not described here) and decreases in sleep and appetite will co-occur (consider coding Melancholic Depression, not described here). Criteria 5 also allows for both increases and decreases in behavior but the co-occurrence of either psychomotor agitation or retardation with other depressive symptoms is less clearly established.

2. Rule out Bereavement, Mood Disorder due to a General Medical Condition, and Substance-Induced Mood Disorder.

- **Bereavement (V62.82):** Bereavement often consists of symptoms characteristic of an MDE; however, there are no formal criteria for the Bereavement code, nor are there formal criteria for distinguishing Bereavement from an MDE. The Bereavement code is appropriate up to two months following the death of the loved one, during which time the Bereavement reaction is considered “normal.” After two months the differential diagnosis is less clear. Consider coding an MDE rather than Bereavement if the patient presents with:

- Guilt about things other than actions taken or not taken at the time of the death of the loved one
 - Thoughts of death other than feeling that he or she would be better off dead or should have died with the deceased person
 - Morbid preoccupation with worthlessness
 - Marked psychomotor retardation
 - Prolonged and marked functional impairment
 - Hallucinatory experiences other than thinking that he or she hears the voice of, or transiently sees the image of, the deceased person
- **Mood Disorder due to a General Medical Condition (293.83):** When using this code, refer to the specific condition, e.g., Mood Disorder due to Multiple Sclerosis. The primary consideration for this set of diagnoses is evidence from history, physical examination, or laboratory findings that the depressive mood disturbance is **the direct physiological consequence** of a general medical condition, such as hypothyroidism. In other words, a specific and direct causative physiological mechanism associated with a general medical condition can be demonstrated. This code is **not** appropriate if the depression is **a psychological reaction** to a diagnosis of a general medical condition. In this case a Major Depressive Disorder diagnosis is appropriate.
 - **Substance-Induced Mood Disorder:** When using this code, refer to the specific substance, e.g., Cocaine-Induced Mood Disorder. The primary consideration for this set of diagnoses is evidence that the depressive mood symptoms are directly associated with the intoxication or withdrawal syndromes of a specific substance or medication **and** the symptoms are in excess of those usually associated with the substance-specific intoxication or withdrawal syndrome. This code is **not** appropriate if the depression is a psychological reaction to or result of substance abuse or dependence, which is much more common than is a specific Substance-Induced Mood Disorder. With a co-morbid presentation both a specific substance abuse or dependence diagnosis and a Major Depressive Disorder diagnosis are appropriate.

3. **If an MDE is present assess for a Bipolar Mood Disorder before diagnosing Major Depressive Disorder.**

A Bipolar Mood Disorder should always be considered in the presence of an MDE due to important differential treatment implications. Specifically, an anti-depressant may potentiate a manic or hypomanic episode in a patient with a history of one or more of these episodes.

Manic or Hypomanic Episodes: A Bipolar Mood Disorder requires the presence or history of Manic or Hypomanic Episodes: Abnormally and persistently elevated, expansive or irritable moods as defined by the patient endorsing at least three of the following seven symptoms:

1. Inflated self-esteem or grandiosity
 2. Decreased need for sleep
 3. More talkative than usual or pressure to keep talking
 4. Flight of ideas or subjective experience that thoughts are racing
 5. Distractibility
 6. Increase in goal-directed activity or psychomotor agitation
 7. Excessive involvement in pleasurable activities that have a high potential for painful consequences
- **Bipolar I Disorder:** If the symptoms lasted at least one week, were sufficiently severe to cause marked impairment in occupational or social functioning, and were not substance-induced, then a **Manic Episode** was present and a diagnosis of Bipolar I Disorder is appropriate. Note that this code does not require the presence of current manic symptoms; symptoms occurring historically are sufficient. If there is clear evidence of one or more manic episodes in the patient's history the diagnosis of Bipolar I Disorder should always be given rather than a Depressive Mood Disorder even in the presence of a current MDE. Additionally, note that there are several sub-types of Bipolar I Disorder distinguished by the features of the most recent episode (single manic episode or most recent episode hypomanic, manic, depressed, mixed, or unspecified).
 - **Bipolar II Disorder:** If the symptoms lasted at least four days, represented a clear, observable change in functioning and were not sufficiently severe to warrant a diagnosis of a Manic Episode then a **Hypomanic Episode** was present and a diagnosis of Bipolar II Disorder is appropriate. Bipolar II Disorder requires the presence or history of at least one hypomanic episode, the presence or history of at least one MDE¹, and no history of Manic Episodes.

¹ If there is no history of MDEs, but more than one hypomanic episode has been established, consider Cyclothymic Disorder (301.13). This diagnosis requires the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms, but no history of Manic or Major Depressive Episodes.

4. **Diagnose Major Depressive Disorder (MDD) only after these earlier considerations.**

When a current MDE has been established and Bereavement, general medical conditions, substances and medications, and Bipolar Mood Disorders have been considered, a diagnosis of MDD is appropriate².

Single Episode vs. Recurrent: The Single Episode (296.20) vs. Recurrent (296.30) specification has prognostic value, with the recurrent type suggesting a poorer prognosis. The Recurrent type is established by the presence of two or more distinct MDEs. To be considered distinct, there must be an interval of at least two months during which criteria for an MDE are not met. However, residual symptoms can and often do remain during these intervals.

Psychosocial stressors: Note that an MDD can and often does develop in response to a clear psychosocial stressor, such as a job loss or the death of a loved one. One should not diagnose Adjustment Disorder (see page 5) simply because there is a clear stressor; the diagnosis of MDD is always given if an MDE is present. Adjustment Disorder is reserved for less severe symptomatology. Regarding the death of a loved one, Bereavement can be diagnosed even in the presence of an MDE. Review page 2 for help differentiating Bereavement from MDD.

Severity/Course Specifiers: MDD codes have a variable fifth digit for coding information about the severity or course of the disorder. It can be left unspecified by coding the fifth digit as a zero (e.g., 296.30). See Table 1 on page 6 for a list of these codes.

MDD subtypes: There are several subtypes of MDD, including: with Catatonic Features, with Melancholic Features, with Atypical Features, and with Postpartum Onset. Coding these subtypes is optional and beyond the scope of this document.

5. **Additional diagnostic options if an MDE is not present: Dysthymic Disorder, Adjustment Disorder, and Depressive Disorder NOS**

- **Dysthymic Disorder (300.40):** Dysthymic Disorder requires depressed mood most of the day, more days than not, for at least two years, and at least two of the following six symptoms:
 1. Poor appetite or overeating
 2. Insomnia or hypersomnia
 3. Low energy or fatigue
 4. Low self-esteem
 5. Poor concentration or difficulty making decisions

² Technically, an assessment for psychotic symptoms, which are relatively rare, should also occur.

- First, consider Schizoaffective Disorder. The main difference between Schizoaffective Disorder and psychotic depression (technically, “Major Depressive Disorder, severe with psychotic features”) is that both require the presence of a Major Depressive Episode (MDE), but in Schizoaffective Disorder there are at least some psychotic symptoms in the absence of an MDE and no MDEs in the absence of psychotic symptoms; while in psychotic depression the psychotic symptoms are exclusive to the MDE .
- If the patient has psychotic symptoms and does not meet criteria for Schizoaffective Disorder other psychotic disorders are still relevant. If the patient meets criteria for both an MDE and Schizophrenia (psychotic symptoms for at least one month and total symptoms for at least six months), Schizophreniform Disorder (total symptoms between one and six months), Delusional Disorder (presence of non-bizarre delusions and no other psychotic symptoms) or Psychotic Disorder Not Otherwise Specified, then a diagnosis of Depressive Disorder Not Otherwise Specified (311) should be used instead of Major Depressive Disorder.

6. Feelings of hopelessness

Dysthymia can be considered a mild but long-lasting condition relative to an MDE.

However, MDEs can be overlayed on Dysthymia (referred to as “double depression”). To diagnose Dysthymia, it also should be established that no MDE occurred during the first two years of the Dysthymic Disorder, but this requires a detailed history which often is not accomplished.

As with Major Depressive Disorder, before diagnosing Dysthymia one should consider general medical conditions, substances and medications, Bipolar Mood Disorders, and Psychotic Disorders.

- **Adjustment Disorder:** Adjustment Disorder is a catch-all category for the development of clinically significant emotional or behavioral symptoms in **response to an identifiable psychosocial stressor** or stressors. There are several subtypes, including:
 - Adjustment Disorder with Depressed Mood (309.0)
 - Adjustment Disorder with Mixed Anxiety and Depressed Mood (309.3)

To be coded as an Adjustment Disorder, the symptoms must develop within three months after the onset of the stressor, and the symptoms should be in excess of what would be expected given the nature of the stressor. If the symptoms are severe enough to qualify as an MDE, the diagnosis should be Major Depressive Disorder.

- **Depressive Disorder, Not Otherwise Specified (311):** This category is intended for situations in which the physician has concluded that clinically significant depressive symptoms are present that do not meet criteria for any specific depressive disorder or about which there is inadequate or contradictory information, precluding a more specific diagnosis. It also allows for coding of categories not currently included in DSM-IV but being studied for possible inclusion.

Table 1. Full elaboration of all diagnostic codes relevant to depressive symptoms*

Code	Disorder	Current/recent episode specifier options		Course specifier options
Code by substance	Substance-Induced Mood Disorder	w/ depressive features, w/ manic features, w/ mixed features		w/ onset during intoxication w/ onset during withdrawal
293.83	Mood Disorder due to a general medical condition	w/ depressive features, w/ major-depressive-like episode, w/ manic features, w/ mixed features		None
295.70	Schizoaffective Disorder	Depressed or manic type		
300.40	Dysthymic Disorder	Atypical		Early or late onset
296.xx	4th Digit	5th Digit		
	Major Depressive Disorder	2 Single	A B	None
		3 Recurrent	A B	C
	Bipolar I Disorder	0 Single manic episode	A D	None
		4 Most recent hypomanic	None None	w/ rapid cycling, and C
		4 Most recent manic	A D	w/ rapid cycling, and C
		5 Most recent depressed	A B	w/ rapid cycling, and C
		6 Most recent mixed	A D	w/ rapid cycling, and C
		7 Most recent unspecified	None None	w/ rapid cycling, and C
296.89	Bipolar II Disorder	Hypomanic, depressed, B		w/ rapid cycling, and C
301.13	Cyclothymic Disorder	None		None
296.80	Bipolar Disorder NOS	None		None
296.90	Mood Disorder NOS	None		None
311.00	Depressive Disorder NOS	None		None
309.00	Adjustment Disorder, with depressed mood	None		Acute, chronic
309.28	Adjustment Disorder, with mixed anxiety and depressed mood	None		Acute, chronic
V62.82	Bereavement	None		None

*Note that the Major Depressive Disorder and Bipolar I Disorder codes require specification of the variable 4th and 5th digits. The current/recent episode and course specifiers are not numerical. For example, a complete code is: (296.33) Major Depressive Disorder, Recurrent, Severe w/o psychotic features, Melancholic, w/o interepisode recovery.

A: 1 Mild

2 Moderate

3 Severe w/o psych. features

4 Severe w/ psych. features

5 In partial remission

6 In full remission

0 Unspecified

B: Chronic

Catatonic

Melancholic

Atypical

Postpartum

C: w/ interepisode recovery

w/o interepisode recovery

w/ seasonal pattern

D: Catatonic

Postpartum